

Applicant's or agent's
file reference 31725-76201International application No.
PCT/US2004/039142**INDICATIONS RELATING TO DEPOSITED MICROORGANISM
OR OTHER BIOLOGICAL MATERIAL**

(PCT Rule 13bts)

A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page <u>5</u> , line <u>13-15</u>	
B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet <input type="checkbox"/>	
Name of depository institution AMERICAN TYPE CULTURE COLLECTION	
Address of depository institution (including postal code and country) 10801 UNIVERSITY BLVD. MANASSAS, VA 20110-2209 US	
Date of deposit 16 NOVEMBER 2004	Accession Number PTA-6307
C. ADDITIONAL INDICATIONS (leave blank if not applicable) This information is continued on an additional sheet <input type="checkbox"/>	
Lactobacillus salivarius: Salm-9	
D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)	
E. SEPARATE FURNISHING OF INDICATIONS (leave blank if not applicable)	
The indications listed below will be submitted to the International Bureau later (specify the general nature of the indications e.g., "Accession Number of Deposit")	

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<input type="checkbox"/> This sheet was received with the international application	<input type="checkbox"/> This sheet was received by the International Bureau on:
Authorized officer	Authorized officer

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A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page <u>5</u> , line <u>15-16</u>	
B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet <input type="checkbox"/>	
Name of depositary institution AMERICAN TYPE CULTURE COLLECTION	
Address of depositary institution (including postal code and country) 10801 UNIVERSITY BLVD. MANASSAS, VA 20110-2209 US	
Date of deposit 16 NOVEMBER 2004	Accession Number PTA-6308
C. ADDITIONAL INDICATIONS (leave blank if not applicable) This information is continued on an additional sheet <input type="checkbox"/>	
Lactobacillus salivarius: List40-18	
D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)	
E. SEPARATE FURNISHING OF INDICATIONS (leave blank if not applicable)	
The indications listed below will be submitted to the International Bureau later (specify the general nature of the indications e.g., "Accession Number of Deposit")	

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(PCT Rule 13bis)

A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page <u>5</u> , line <u>16-17</u>	
B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet <input type="checkbox"/>	
Name of depositary institution AMERICAN TYPE CULTURE COLLECTION	
Address of depositary institution (including postal code and country) 10801 UNIVERSITY BLVD. MANASSAS, VA 20110-2209 US	
Date of deposit 16 NOVEMBER 2004	Accession Number PTA-6309
C. ADDITIONAL INDICATIONS (leave blank if not applicable) This information is continued on an additional sheet <input type="checkbox"/>	
Lactobacillus salivarius: List40-41	
D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)	
E. SEPARATE FURNISHING OF INDICATIONS (leave blank if not applicable)	
The indications listed below will be submitted to the International Bureau later (specify the general nature of the indications e.g., "Accession Number of Deposit")	
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A. The indications made below relate to the deposited microorganism or other biological material referred to in the description
on page 5, line 18-19**B. IDENTIFICATION OF DEPOSIT**Further deposits are identified on an additional sheet ☐

Name of depositary institution

AMERICAN TYPE CULTURE COLLECTION

Address of depositary institution (including postal code and country)

10801 UNIVERSITY BLVD.
MANASSAS, VA 20110-2209
US

Date of deposit

16 NOVEMBER 2004

Accession Number

PTA-6310

C. ADDITIONAL INDICATIONS (leave blank if not applicable)This information is continued on an additional sheet ☐

Streptococcus cristatus: List40-13

D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)**E. SEPARATE FURNISHING OF INDICATIONS** (leave blank if not applicable)

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